

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

100 63711

## CLAIMS AS FILED - PART I

|   | (Column 1)      | (Column 2)   |
|---|-----------------|--------------|
| TOTAL CLAIMS  | 20              |              |
| FOR   | NUMBER FILED    | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 20 minus 20 = * | 0            |
| INDEPENDENT CLAIMS  | 3 minus 3 = *   | 0            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |                 |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| X\$ 9=    |        | OR | X\$18=    |        |
| X42=      |        | OR | X84=      |        |
| +140=     |        | OR | +280=     |        |
| TOTAL     |        | OR | TOTAL     | 740.00 |

## CLAIMS AS AMENDED - PART II

|             | (Column 1)  | (Column 2) | (Column 3)                         | (Column 4) | (Column 5)    |
|-------------|---|------------|------------------------------------|------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT  |            | HIGHEST NUMBER PREVIOUSLY PAID FOR |            | PRESENT EXTRA |
|             | Total   | * 17       | Minus                              | ** 20      | = 0           |
|             | Independent   | * 3        | Minus                              | *** 3      | = 0           |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                    |            |               |

SMALL ENTITY  
OR

OTHER THAN  
SMALL ENTITY

| RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9=              |                        | OR | X\$18=              |                        |
| X42=                |                        | OR | X84=                |                        |
| +140=               |                        | OR | +280=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |

|             | (Column 1)  | (Column 2) | (Column 3)                         | (Column 4) | (Column 5)    |
|-------------|---|------------|------------------------------------|------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT  |            | HIGHEST NUMBER PREVIOUSLY PAID FOR |            | PRESENT EXTRA |
|             | Total   | *          | Minus                              | **         | =             |
|             | Independent   | *          | Minus                              | ***        | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                    |            |               |

| RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9=              |                        | OR | X\$18=              |                        |
| X42=                |                        | OR | X84=                |                        |
| +140=               |                        | OR | +280=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |

|             | (Column 1)  | (Column 2) | (Column 3)                         | (Column 4) | (Column 5)    |
|-------------|---|------------|------------------------------------|------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT  |            | HIGHEST NUMBER PREVIOUSLY PAID FOR |            | PRESENT EXTRA |
|             | Total   | *          | Minus                              | **         | =             |
|             | Independent   | *          | Minus                              | ***        | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                    |            |               |

| RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|----|---------------------|------------------------|
| X\$ 9=              |                        | OR | X\$18=              |                        |
| X42=                |                        | OR | X84=                |                        |
| +140=               |                        | OR | +280=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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